

Petition for Extension of Time under 37 CFR 1.136(a)

Application No.	10/698894	Attorney Docket	ALZ5009USANP
Filing Date	2003-10-31	Art Unit	1615
First Inventor	Liang C. Dong	Examiner	Young, Micah Paul
Title	Formulation and Dosage Form Providing Increased Bioavailability of Hydrophobic Drugs		

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above-identified application.

The requested extension and appropriate fee are as follows (check time period desired and enter the appropriate fee below):

	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)
<input type="checkbox"/> One month (37CFR 1.17(a)(1))	120	60	
<input checked="" type="checkbox"/> Two months (37CFR 1.17(a)(2))	460	230	460
<input type="checkbox"/> Three months (37CFR 1.17(a)(3))	1050	525	
<input type="checkbox"/> Four months (37CFR 1.17(a)(4))	1640	820	
<input type="checkbox"/> Five months (37CFR 1.17(a)(5))	2230	1115	

- ☐ Applicant claims small entity status. See CFR 1.27.
- ☐ A check in the amount of the fee is enclosed.
- ☒ Payment by EFS-Web.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

- ☐ applicant/inventor
- ☐ assignee of record of the entire interest. * See 37 CFR 3.71.
- ☐ Statement under 37 CFR 3.73(b) is enclosed.
- ☒ attorney or agent of record. Registration Number **42254**.
- ☐ attorney or agent under 37 CFR 1.34(a). Registration Number ____.

Typed or printed name	Adenike A. Adebiyi	Telephone	281-856-8646
Signature	<i>Adenike Adebiyi</i>	Date	2007-11-26

NOTE: Signatures of all the inventors or assignees of record of entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.

- ☐ Total of ____ forms are submitted.